



Lefferts Gardens Montessori Enrollment Packet for New Students

Please return this entire (stapled) application
packet with your initial payment.

www.brooklynmontessori.com
527 Rogers, Brooklyn, NY 11225
(718) 773-7478



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Application for Admissions*

Date: ___/___/___

Child's Information

First Name: _____ Last Name: _____

Street: _____

City: _____ State: _____ ZIP: _____ - _____

Birth date: ___/___/___ Check one: Male Female

Lives with: Both parents Mother Father Other _____

[Optional] We invite you to include a recent photo of your child.

EMERGENCY CONTACT INFORMATION

First Name: _____ Last Name: _____

Relationship: Mother Father Guardian Other _____

Home (____) _____ - _____ Cell (____) _____ - _____

Work (____) _____ - _____ Other (____) _____ - _____

First Name: _____ Last Name: _____

Relationship: Mother Father Guardian Other _____

Home (____) _____ - _____ Cell (____) _____ - _____

Work (____) _____ - _____ Other (____) _____ - _____

Referred to LGM by: _____

*Lefferts Gardens Montessori School welcomes students of any race, color, religion, national or ethnic origin.



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Application for Admissions (cont'd)

Date: ____/____/____

Parent/Guardian Information

Relationship to child: Mother Father Guardian Other _____

First Name: _____ Last Name: _____

Street: _____

City: _____ State: _____ ZIP: _____-_____

Soc Sec#: _____ Education: _____

Status: Married Single Separated Divorced

Home (____) _____-_____ Cell (____) _____-_____

Work (____) _____-_____ Other (____) _____-_____

Email: _____

Occupation: _____

Employer: _____

Street: _____

City: _____ State: _____ ZIP: _____-_____

Interests/Activities: _____

For Office Use Only

- Verify Soc Sec #
- Photocopy photo ID



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Application for Admissions (cont'd)

Date: ___/___/___

Parent/Guardian Information

Relationship to child: Mother Father Guardian Other _____

First Name: _____ Last Name: _____

Street: _____

City: _____ State: _____ ZIP: _____-_____

Soc Sec#: _____ Education: _____

Status: Married Single Separated Divorced

Home (____) _____-_____ Cell (____) _____-_____

Work (____) _____-_____ Other (____) _____-_____

Email: _____

Occupation: _____

Employer: _____

Street: _____

City: _____ State: _____ ZIP: _____-_____

Interests/Activities: _____

For Office Use Only

Verify Soc Sec #

Photocopy photo ID



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Enrollment Agreement

Agreement made ____/____/____ between the Parent(s)/Guardian(s) (named below) and Lefferts Gardens Montessori School (hereinafter referred to as the "School"). Lefferts Gardens Montessori School hereby accepts _____ for enrollment as a student for the 20 – 20 school year.

Financial Responsibility

The Parent(s)/Guardian(s) hereby agree(s) to pay full tuition and fees for the school year. These payments are not subject to reduction, adjustment, or refund due to illness, absence, or withdrawal of the student from the School unless the withdrawal is made at the request of the School. The School reserves the right to request withdrawal of a student and in such a case will prorate the tuition on a per diem basis in accordance with the School's calendar year, except where withdrawal is requested by reason of non-payment of tuition.

Tuition Payment Policy and Discounts

We offer a **3% discount** when the full tuition is paid at the beginning of the school year and a **2% discount** when paid in *two equal payments*, by September 1st and January 1st. Payment on an installment basis is also accepted with a **1% discount** for parents who sign-up for automatic withdrawal on a monthly basis over the school year. Lastly we offer a **5% sibling discount**. This application must be accompanied by a non-refundable Registration and Application fee.

Failure to Pay

Any balance due and payable, whether an installment or otherwise, which remains outstanding after the fifth (5th) day of the month shall be subject to a finance charge of 1.5% per month. The calculation of this finance charge will be compounded monthly on all outstanding arrears including the finance charge. For failure to pay an installment beyond thirty (30) days, the School reserves the right to demand full payment of the remaining balance plus any accrued finance charges. In the events of a default in the payment of tuition or other charges, the Parent/Guardian shall be responsible for the expenses incurred by the School for collection including but not limited to collection of expenses, filing costs, and reasonable attorney fees.

Dishonored Checks

A charge of \$60 per occurrence of a dishonored check shall be due and payable to cover bank charges and administrative expenses.

Late Pickup Fee

For children remaining beyond the 15 minute grace period following their scheduled pickup time, a Late Pickup Fee will be charged at a rate of \$1 per minute.



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Enrollment Agreement (con't)

Please select one or more:

Program	Tuition	2 Year Olds	3-6 Year Olds	Amount
<input type="checkbox"/> Full-time Program	\$11,000	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Early Dropoff	\$1,000	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Late Pickup	\$1,500	<input type="checkbox"/>	<input type="checkbox"/>	_____
SubTotal:				_____

Please select the appropriate discount(s):

<input type="checkbox"/> 3% Discount (one payment)	<input type="checkbox"/> 2% Discount (two payments)	_____
<input type="checkbox"/> 1% Automatic Withdrawal Discount		_____
<input type="checkbox"/> 5% Sibling Discount. I have enrolled more than one child at LGM.		_____
Discount Total:		_____
Total Amount:		_____

For my child's tuition, I agree to make _____ payment(s) of _____.

_____ Signature	_____ Signature
_____ Print name	_____ Print name
Date: ____/____/____	Date: ____/____/____

Fees

The following fees are payable in full upon enrollment:

Description	Fee
Registration and Application Fee	\$200
Materials	\$300
Linens (Sheets and blankets)	\$50
Total	\$550



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Automatic Withdrawal

I agree to have the monthly payment of \$_____ withdrawn automatically on the 1st of each month beginning September 20 and ending June 20 according to the instructions below.

<input type="checkbox"/> Bank Type of account: ___ Checking ___ Savings Bank name: _____ Routing # (9 digits): _____ Account # (10 digits): _____ If withdrawal is from your checking account, please attach a copy of a VOIDED check.	<input type="checkbox"/> Credit card <input type="checkbox"/> Debit card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Discover <input type="checkbox"/> Other Card #: _____ Expiration Date: ____/____ CVC Code*: _____ <small>* Last three digits on the number on the back of the card</small>
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Credit Card Billing Information

Name on Card: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Telephone: (_____) _____ - _____

Cardholder's Signature: _____ Date ____/____/____

Lefferts Gardens Montessori keeps all information strictly confidential.



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Activities and Medical Care Permission Form

I hereby grant permission for my child/children to use all of the play equipment and participate in all of the activities of the school.

I hereby grant permission for my child to leave the school premises under the supervision of a staff member for neighborhood walks or for field trips in an authorized vehicle.

I hereby grant permission for the Director or Acting Director to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include but are not limited to the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the child's physician.
3. Attempts to contact any of the persons you listed in the **Emergency Contact Information** section on page 2.

If we cannot contact you or your child's physician, we will do any or all of the following with all expenses incurred being borne by the child's family:

1. Call our school's physician or paramedics.
2. Call an ambulance.
3. Have a staff member take the child to the nearest hospital emergency ward.

In compliance with State regulations, a parent or guardian must sign this blanket release authorization giving a) an emergency room, b) first aid squad, or c) a physician permission to provide emergency medical treatment in case you or your authorized emergency contact person (see page 2) cannot be reached.

Signature

Signature

Print name

Print name

Date: ____/____/____

Date: ____/____/____



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Photo Permission Form

I hereby grant(s) Lefferts Gardens Montessori permission for the use of pictures in which my child appears for school promotional, public relations, and educational purposes. Any photographs taken of any student shall remain the exclusive property of the school.

Signature

Signature

Print name

Print name

Date: ____/____/____

Date: ____/____/____



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Pick-up Release Authorization

The following person(s) is/are authorized to pick-up my child/children:

Name	Relationship	Phone 1	Phone 2
_____	_____	(____) ____ - ____	(____) ____ - ____
_____	_____	(____) ____ - ____	(____) ____ - ____
_____	_____	(____) ____ - ____	(____) ____ - ____
_____	_____	(____) ____ - ____	(____) ____ - ____
_____	_____	(____) ____ - ____	(____) ____ - ____
_____	_____	(____) ____ - ____	(____) ____ - ____
_____	_____	(____) ____ - ____	(____) ____ - ____
_____	_____	(____) ____ - ____	(____) ____ - ____

I understand that my child/children will be not be released to any adult other than those listed above without advanced written parental permission.

Signature

Print name

Date: ____/____/____

Signature

Print name

Date: ____/____/____



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Special Notes for Parents

1. Children must arrive for school no later than 8:50 a.m. to participate in the morning activities. Please be on time to avoid interrupting the school program. If you need to have a lengthy conversation with your teacher, please make an appointment. Remember the safety of the children is of paramount importance.
2. Please dress your child/children in comfortable clothing to make bathroom routine easy. Bring one complete change of clothing for your child. This set of clothing will remain at school until it's needed. Names must be legibly written on all clothing so that we can identify the children's clothes.
3. Lunch is not provided by the school. Please provide lunch for your child.
4. The school provides all work-related material for the children, so do not sent book bags.
5. If you would like to observe a class, please make an appointment. When you visit, sit on the chair provided without interrupting the children's work or offering assistance to your child.
6. All medical information must be kept current. No child may remain in school without providing current medical examination information.
12. Please place tuition payments in an envelope with the child's name and tuition amount legibly written on the envelope. A fee of \$60 must be paid for all dishonored checks. School tuition must be paid in a timely manner.
13. We are unable to take your telephone calls during the hours of 9:00 a.m.–12:00 p.m. and 3:00–4:30 p.m. Leave a message and we will return your call between the hours of 1:00–2:30 p.m. and 4:30–6:00 p.m. This is necessary for the free flow of class activities.
14. The school closes at 6 p.m. We have no accommodation for after-care beyond that time.
15. The school is not responsible for anything that may happen as a result of false information given on the enrollment application or any other form.

Please remember that the school's business is your business. We cannot educate your children without you. Your participation is of the utmost importance. Let us work together to make this the best school year with the highest degree of success! Thank you.

I have read and understand the above **Special Notes for Parents**.

Signature

Signature

Print name

Print name

Date: ____/____/____

Date: ____/____/____